



American Crystallographic Association

# Advance Registration Form

## 2008 Annual Meeting May 31 - June 5, 2008

Family Name

Middle Name

First Name

Guest Name

Dept.

Institution/Company (will be printed on name badge)

Street

City

State/Prov.

Zip/Postal Code

Country

Telephone

Fax

E-mail

Are you an Invited Speaker? list session number \_\_\_\_\_

Are you an ACA Member? ☐ Yes ☐ No

☐ I am joining now. A completed membership application and payment is enclosed with this registration form.

Registration forms must be postmarked or submitted on or before 11:00p.m., EST, April 4, 2008, to be eligible for the advance registration rate. After April 4, registrations will be accepted at the higher rate. On-site registration will also be available at the higher rate. Fees for workshops and social events are separate from the registration fee but should be included in the total payment. Purchase orders will not be accepted. Only U.S. checks, VISA, MasterCard or American Express payments will be accepted.

\*The nonmember registration fee includes a complimentary membership to the Association for 2008. Those registering as nonmember post-docs or nonmember students must include documentation of this status with registration form.

**Please make checks payable to ACA and mail to:**

ACA Meeting Registration  
P.O. Box 96 Ellicott Station  
Buffalo, NY 14205-0096 USA  
Fax (716) 898-8695  
Phone (716) 898-8690  
aca@hwi.buffalo.edu

Forms submitted via fax must include  
VISA, MasterCard or American Express  
credit card payment information.

**We are not responsible for lost or misdirected e-mail or faxes. Contact the ACA office to confirm receipt.**

### Registration

On or Before  
April 4

After  
April 4

<input type="checkbox"/> Regular Member	\$395	\$590
<input type="checkbox"/> Retired Member	\$161	\$239
<input type="checkbox"/> Post Doc Member	\$200	\$298
<input type="checkbox"/> Student Member	\$161	\$239
<input type="checkbox"/> Nonmember*	\$590	\$883
<input type="checkbox"/> Post doc Nonmember*	\$298	\$444
<input type="checkbox"/> Student Nonmember*	\$239	\$356
<input type="checkbox"/> Guest	\$ 50	\$ 50

**One-day Registration** One-day is valid for one-day only, 7:30am-11:59pm and cannot be split between one or more days. Tickets for the social events must be purchased separately.

**Day** (choose one): ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs

<input type="checkbox"/> Regular Member	\$180	\$298
<input type="checkbox"/> Retired <input type="checkbox"/> Post doc <input type="checkbox"/> Student	\$113	\$130
<input type="checkbox"/> Nonmember	\$395	\$590

**REGISTRATION TOTAL \$** \_\_\_\_\_

### Workshops

<input type="checkbox"/> WK.01 - \$120 / Students \$120	<input type="checkbox"/> WK.03 - \$110 / Students \$60
<input type="checkbox"/> WK.02 - \$100 / Students \$60	<input type="checkbox"/> WK.04 - \$110 / Students \$70

**WORKSHOP TOTAL \$** \_\_\_\_\_

### Social Events

**Opening Reception** ..... **Saturday, May, 31**

No Fee for Registered Participants ☐ Will Attend ☐ Won't Attend

**Tour of Spallation Neutron Source ORNL** ... **Sunday, June 1**

No Fee for Registered Participants ☐ Will Attend ☐ Won't Attend

City of Birth \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Citizenship \_\_\_\_\_

**YSSIG Mixer** ..... **Monday, June 2**

<input type="checkbox"/> Free for registered students, post docs	# of tickets _____
<input type="checkbox"/> \$15 per ticket for all others	# of tickets _____

**Mentor/Mentee Dinner** ..... **Tuesday, June 3**

<input type="checkbox"/> Mentee \$20 ticket	# of tickets _____
<input type="checkbox"/> Mentor \$30 ticket	# of tickets _____

**Awards Banquet** ..... **Wednesday, June 4**

☐ \$55 ticket - # of tickets \_\_\_\_\_ ☐ \$25 student ticket

**Entree choice(s):** \_\_\_ Beef \_\_\_ Chicken \_\_\_ Veg

**SOCIAL TOTAL \$** \_\_\_\_\_

### Payment

☐ Check (U.S. only) ☐ VISA ☐ MasterCard ☐ AmExpress

Credit Card Number:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name of card holder:

Good thru/exp date

\_\_\_\_ / \_\_\_\_

Authorized Signature of Card Holder:

**Carbon Neutral Campaign Donation** (optional)

Yes, I wish to donate ☐ \$4.00 or \$\_\_\_\_\_ to offset my carbon footprint \$\_\_\_\_\_

**TOTAL ENCLOSED \$** \_\_\_\_\_